## ARIZONA DEPARTMENT OF HEALTH SERVICES
## HOSPITAL DISCHARGE DATA REPORTS
## REQUIRED DATA ITEMS AND FORMAT SPECIFICATIONS FOR REPORTING DISCHARGES IN CALENDAR YEAR 2007

**OBTAIN REQUIRED SUBMISSION FORMS ON OUR WEBSITE AT: www.azdhs.gov/plan/crr/index.htm**

**Hospital Discharge Data File Types: Hospital Inpatient (IP), Hospital Emergency Department (ED)**
**NOTE: EACH FILE TYPE MUST BE SUBMITTED AS A SEPARATE FILE - SEE FILE NAMING CONVENTION AT THE END OF THIS DATA SPECIFICATION DOCUMENT**
**UPDATED TEXT OR ELEMENTS ARE INDICATED IN RED**
**Fixed Length Record of 860 characters FOR ALL FILE TYPES**
**FORMAT: ASCII TEXT - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE.**
Data Reporting Requirements Pursuant to Arizona Revised Statues (A.R.S.) § 36-125.05 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 11, Articles 4 & 5
Medium: Compact Disk (CD), Diskette, or zipped, encrypted and password protected e-mail attachment

| Number of Characters | Start | End | Required For File Type | Data Element Name | Uniform Billing Locator Number | CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE | EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED |
|---|---|---|---|---|---|---|---|
| 10 | 1 | 10 | IP-ED | Arizona Facility Identification Number - AZ FAC_ID | n/a | Alpha-Numeric | Must be filled in for all File Types. Right justified with leading zeros. All AZ FAC_ID numbers begin with the alpha characters MED (ALL CAPS) followed by a four-digit number, with no spaces or dashes. [Example: MED1234] All Arizona hospital AZ FAC_ID's are available on website: www.hs.state.az.us/plan/crr/index.htm |
| 17 | 11 | 27 | IP-ED | Patient's Medical Record Number | 23 | Alpha-Numeric | Must be filled in for all File Types. Right justified with leading zeros. |
| 19 | 28 | 46 | IP-ED | Certificate, Social Security Number or Health Insurance Claim Number | 60 | Alpha-Numeric | Must be filled in for all File Types. Right justified with leading zeros. |
| 1 | 47 | 47 | IP Only | Patient's Race | n/a | Race<br>1 = American Indian or Alaska Native<br>2 = Asian<br>3 = Black or African American<br>4 = Hispanic or Latino<br>5 = White<br>6 = Native Hawaiian or Other Pacific Islander<br>7 = Other (Use if patient not described above.)<br>9 = Refused | Must be entered for File Type IP. Leave Blank for File Type ED. All Race codes match the US Census Bureau revised standards for Race and Ethnic reporting effective January 1, 2003 |
| 1 | 48 | 48 | IP Only | Patient's Marital Status | 16 | Marital Status<br>S = Single<br>M = Married<br>P = Life Partner | Must be entered for File Type IP. Leave Blank for File Type ED. |

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|---|---|---|---|---|---|---|---|
| | | | | | | X = Legally Separated | |
| | | | | | | D = Divorced | |
| | | | | | | W = Widowed | |
| | | | | | | U = Unknown | |
| 30 | 49 | 78 | IP-ED | Patient's Street Address | 13 | Alpha-Numeric | Must be filled in for all File Types. |
| 20 | 79 | 98 | IP-ED | Patient's City | 13 | Alpha-Numeric | Must be filled in for all File Types. |
| 2 | 99 | 100 | IP-ED | Patient's State | 13 | Alpha-Numeric | Must be filled in for all File Types. Use US Postal Service state abbreviations. Must be upper case.  If a foreign resident, leave this field blank and fill in name of the country in Patient's Zip Code field below according to the Edit Requirements. |
| 10 | 101 | 110 | IP-ED | Patient's Zip Code | 13 | Alpha-Numeric | Must be filled in for all File Types. Use US Postal Zip Code for the patient's residence at the time of admission or encounter. If Zip plus four is used indicate as XXXXX-YYYY.   Use 00000 for unknown zip codes.  If a foreign resident, fill in with the first 5 letters of the name of the country, for example Mexico = MEXIC; Canada = CANAD; England = ENGLA; and leave the rest of the field blank.  Do not enter Canadan Postal Codes.  See our website for list of country codes. www.azdhs.gov/plan/crr/index.htm |
| 8 | 111 | 118 | IP-ED | Patient's Date of Birth | 14 | Enter month, day and year, without dashes. MMDDYYYY | Must be filled in for all File Types. All digits must be filled in (no dashes). If birthday is unknown enter all zeros. |
| 1 | 119 | 119 | IP-ED | Patient's Sex | 15 | Patient's Sex | Must be entered for all File Types. |
| | | | | | | M= Male | |
| | | | | | | F= Female | |
| | | | | | | U = Unknown | |
| 8 | 120 | 127 | IP-ED | Date of Admission | 6 | Enter month, day and year of the patient's admission to the hospital without dashes. MMDDYYYY | Must be filled in for all File Types. All digits must be filled in (no dashes). |
| 8 | 128 | 135 | IP-ED | Date of Discharge | 6 | Enter month, day and year of the patient's discharge from the hospital without dashes. MMDDYYYY | Must be filled in for all File Types. All digits must be filled in (no dashes). |
| 2 | 136 | 137 | IP Only | Hour of Admission | 18 | Time Codes for Hour of Admission | Must be entered for File Type IP. Both digits Must be filled in. Leave Blank for File Type ED. |
| | | | | | | 00 = 12:00 - 12:59 AM (Midnight) | |
| | | | | | | 01 = 01:00 - 01:59 | |
| | | | | | | 02 = 02:00 - 02:59 | |
| | | | | | | 03 = 03:00 - 03:59 | |
| | | | | | | 04 = 04:00 - 04:59 | |
| | | | | | | 05 = 05:00 - 05:59 | |

| Number of Characters | Start | End | Required For File Type | Data Element Name | Uniform Billing Locator Number | CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE | EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED |
|---|---|---|---|---|---|---|---|
| | | | | | | 06 = 06:00 - 06:59 | |
| | | | | | | 07 = 07:00 - 07:59 | |
| | | | | | | 08 = 08:00 - 08:59 | |
| | | | | | | 09 = 09:00 - 09:59 | |
| | | | | | | 10 = 10:00 - 10:59 | |
| | | | | | | 11 = 11:00 - 11:59 | |
| | | | | | | 12 = 12:00 - 12:59 PM (Noon) | |
| | | | | | | 13 = 01:00 - 01:59 | |
| | | | | | | 14 = 02:00 - 02:59 | |
| | | | | | | 15 = 03:00 - 03:59 | |
| | | | | | | 16 = 04:00 - 04:59 | |
| | | | | | | 17 = 05:00 - 05:59 | |
| | | | | | | 18 = 06:00 - 06:59 | |
| | | | | | | 19 = 07:00 - 07:59 | |
| | | | | | | 20 = 08:00 - 08:59 | |
| | | | | | | 21 = 09:00 - 09:59 | |
| | | | | | | 22 = 10:00 - 10:59 | |
| | | | | | | 23 = 11:00 - 11:59 | |
| | | | | | | 99 = Hour Unknown | |
| 2 | 138 | 139 | IP Only | Hour of Discharge | 21 | See Time Codes above. | Must be entered for File Type IP. Both digits Must be filled in. Leave Blank for File Type ED. |
| 6 | 140 | 145 | IP Only | Date Bill Submitted | 86 | The month, day, and year the bill was submitted to the patient without dashes. MMDDYY (NOTE: This date field has only six characters) | Must be entered for File Type IP All digits must be filled in (no dashes). Leave Blank for File Type+H94 ED. |
| 2 | 146 | 147 | IP-ED | Patient's Discharge Status | 22 | The circumstances under which the patient left the hospital: 01 = Discharged to home or self care (routine discharge) 02 = Discharged/transferred to another short term general hospital for inpatient care (See code 43) 03 = Discharged/transferred to skilled nursing (SNF). 04 = Discharged/transferred to an intermediate care facility (ICF) / State designated (licensed) assisted living facility. | Must be entered for all File Types. All codes match the Medicare Patient Discharge Status Codes and follow all Medicare definitions of terms. NOTE: this is not intended to be a complete list of valid Medicare discharge status codes.  This list represents only those codes that are valid for the purpose of data reporting. Emergency Department records with Discharge Status 07 that have zero charges should NOT be reported. |

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|---|---|---|---|---|---|---|---|
| | | | | | | 05 = Discharged/transferred to another type of institution for inpatient care | |
| | | | | | | 06 = Discharged/transferred to home under care of organized home health service org. | |
| | | | | | | 07 = Left against medical advice or patient discontinued care <br> ** See Edit Requirements above. | |
| | | | | | | 20 = Expired (or did not recover - Christian Science patient) | |
| | | | | | | 43 = Discharged to a federal hospital (New code effective October 1, 2003) | |
| | | | | | | 50 = Discharged home with hospice | |
| | | | | | | 51 = Discharged or transferred to hospice - medical facility | |
| | | | | | | 61 = Discharged or transferred within this institution to a hospital-based swing bed (skilled care) | |
| | | | | | | 62 = Discharged or transferred to an inpatient rehabilitation facility | |
| | | | | | | 63 = Discharged or transferred to a long term care hospital | |
| | | | | | | 65 = Discharged or transferred to a psychiatric hospital or psychiatric unit of a hospital (New code: per CMS, effective date postponed until 2005.) | |
| | | | | | | 66 = Discharged / transferred to a Critical Access Hospital (CAH) | |
| 3 | 148 | 150 | IP-ED | DRG Code | 78 | The condition established after study as being chiefly responsible for the admission of a patient to the hospital for care. | Must be entered for all File Types. Right justified with leading zeros. Leave Blank if you do not calculate a DRG for File Type OP or ED. |
| 7 | 151 | 157 | IP-ED | Total Charges | 47 | The total gross charges incurred by the patient for this visit or hospital stay. | Must be filled in for all File Types. Right justified with leading zeros. Note: Whole dollars only, rounded, no commas. NOTE: For File Type IP, MUST BE WITHIN $50 OF THE SUM OF THE CHARGES IN THE REVENUE CODES. |
| 2 | 158 | 159 | IP-ED | Payer Code | 50a | The Primary Payer, the expected source of payment for the majority of the charges associated with this visit or hospital stay. <br> 00 = Self pay | Must be filled in for all File Types. Right justified with leading zeros. |

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|---|---|---|---|---|---|---|---|
| | | | | | | 01 = Commercial (Indemnity) | |
| | | | | | | 02 = HMO | |
| | | | | | | 03 = PPO | |
| | | | | | | 04 = AHCCCS Health Care Group | |
| | | | | | | 05 = Medicare | |
| | | | | | | 06 = AHCCCS/Medicaid | |
| | | | | | | 07 = CHAMPUS/MEDEXCEL | |
| | | | | | | 08 = Children's Rehab Services | |
| | | | | | | 09 = Workers Compensation | |
| | | | | | | 10 = Indian Health Services | |
| | | | | | | 11 = Medicare Risk | |
| | | | | | | 12 = Charity | |
| | | | | | | 13 = Foreign National | |
| | | | | | | 14 = Other | |
| | | | | | | 15 = Tobacco Tax | |
| | | | Revenue Codes | 42 | For each Revenue Code Category, enter the charges incurred by the patient for this inpatient hospital stay. | | |
| 6 | 160 | 165 | IP Only | All Inclusive Rate | 10X | | **Edit Requirements for Revenue Codes**: Must be entered for File Type IP. Right justified with leading zeros. Fill with zeros if item does not apply. Leave Blank for File Type ED. |
| 6 | 166 | 171 | IP Only | Room and board - private | 11X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 172 | 177 | IP Only | Room and board - two bed | 12X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 178 | 183 | IP Only | Room and board - 3/4 bed | 13X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 184 | 189 | IP Only | Private (deluxe) | 14X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 190 | 195 | IP Only | Room and board - ward | 15X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 196 | 201 | IP Only | Other room and board | 16X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 202 | 207 | IP Only | Nursery | 17X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 208 | 213 | IP Only | Leave of Absence | 18X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 214 | 219 | IP Only | Intensive Care | 20X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 220 | 225 | IP Only | Coronary Care | 21X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 226 | 231 | IP Only | Special charges | 22X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 232 | 237 | IP Only | Incremental charges | 23X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 238 | 243 | IP Only | All Inclusive ancillary | 24X | | See Edit Requirements for Revenue Codes Above. |

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|---|---|---|---|---|---|---|---|
| 6 | 244 | 249 | IP Only | Pharmacy | 25X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 250 | 255 | IP Only | IV Therapy | 26X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 256 | 261 | IP Only | Medical/Surgical supplies | 27X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 262 | 267 | IP Only | Oncology | 28X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 268 | 273 | IP Only | DME (other than renal) | 29X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 274 | 279 | IP Only | Laboratory | 30X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 280 | 285 | IP Only | Laboratory pathology | 31X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 286 | 291 | IP Only | Radiology - diagnostic | 32X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 292 | 297 | IP Only | Radiology - therapeutic | 33X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 298 | 303 | IP Only | Nuclear Medicine | 34X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 304 | 309 | IP Only | CT scan | 35X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 310 | 315 | IP Only | Operating room | 36X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 316 | 321 | IP Only | Anesthesia | 37X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 322 | 327 | IP Only | Blood | 38X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 328 | 333 | IP Only | Blood storage/processing | 39X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 334 | 339 | IP Only | Other imaging | 40X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 340 | 345 | IP Only | Respiratory services | 41X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 346 | 351 | IP Only | Physical therapy | 42X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 352 | 357 | IP Only | Occupational therapy | 43X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 358 | 363 | IP Only | Speech therapy | 44X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 364 | 369 | IP Only | Emergency room | 45X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 370 | 375 | IP Only | Pulmonary function | 46X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 376 | 381 | IP Only | Audiology | 47X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 382 | 387 | IP Only | Cardiology | 48X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 388 | 393 | IP Only | Special Ambulatory Care | 49X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 394 | 399 | IP Only | Outpatient Services | 50X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 400 | 405 | IP Only | Clinic | 51X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 406 | 411 | IP Only | Free-Standing Clinic | 52X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 412 | 417 | IP Only | Osteopathic services | 53X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 418 | 423 | IP Only | Ambulance | 54X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 424 | 429 | IP Only | Skilled Nursing | 55X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 430 | 435 | IP Only | Medical social services | 56X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 436 | 441 | IP Only | Home health aide (home health) | 57X | | See Edit Requirements for Revenue Codes Above. |

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|---|---|---|---|---|---|---|---|
| 6 | 442 | 447 | IP Only | Other visits (home health) | 58X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 448 | 453 | IP Only | Units of service (home health) | 59X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 454 | 459 | IP Only | Oxygen (home health) | 60X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 460 | 465 | IP Only | MRI | 61X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 466 | 471 | IP Only | Med/Surg (Ext. of 27X) | 62X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 472 | 477 | IP Only | Drugs req. specific id | 63X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 478 | 483 | IP Only | Home therapy services | 64X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 484 | 489 | IP Only | Hospice service | 65X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 490 | 495 | IP Only | Respite care (HHA Only) | 66X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 496 | 501 | IP Only | Cast room, | 70X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 502 | 507 | IP Only | Recovery room | 71X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 508 | 513 | IP Only | Labor/Delivery | 72X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 514 | 519 | IP Only | EKG/ECG | 73X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 520 | 525 | IP Only | EEG | 74X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 526 | 531 | IP Only | Gastro-Intestinal services | 75X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 532 | 537 | IP Only | Treatment/observation room | 76X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 538 | 543 | IP Only | Preventative care services | 77X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 544 | 549 | IP Only | Lithotripsy | 79X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 550 | 555 | IP Only | Inpatient renal dialysis | 80X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 556 | 561 | IP Only | Organ acquisition | 81X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 562 | 567 | IP Only | Haematolysis - outpatient or home | 82X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 568 | 573 | IP Only | Peritoneal dialysis - outpatient or home | 83X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 574 | 579 | IP Only | Continuous ambulatory peritoneal dialysis (CAPD) - outpatient or home | 84X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 580 | 585 | IP Only | Continuous cycling peritoneal dialysis (CCPD) - outpatient or home | 85X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 586 | 591 | IP Only | Miscellaneous dialysis | 88X | | See Edit Requirements for Revenue Codes Above. |

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|---|---|---|---|---|---|---|---|
| 6 | 592 | 597 | IP Only | Psychiatric treatment | 90X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 598 | 603 | IP Only | Psychiatric services | 91X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 604 | 609 | IP Only | Other diagnostic services | 92X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 610 | 615 | IP Only | Other therapeutic services | 94X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 616 | 621 | IP Only | Professional fees (96X) | 96X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 622 | 627 | IP Only | Professional fees (97X) | 97X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 628 | 633 | IP Only | Professional fees (98X) | 98X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 634 | 639 | IP Only | Patient convenience items | 99X | | See Edit Requirements for Revenue Codes Above. |
| 6 | 640 | 645 | IP Only | All other charges | -- | | See Edit Requirements for Revenue Codes Above. |
| 22 | 646 | 667 | IP Only | Attending Physician Name | 82 | Attending physician's name. Last name one space first name one space and middle initial. Hyphenated names are acceptable. | Left justified. No commas or other punctuation. Must be entered for File Type IP. Leave Blank for File Type ED. |
| 6 | 668 | 673 | IP Only | Attending Physician State License Number | 82 | Attending physician's Arizona License Number | Must be entered for File Type IP. All digits Must be filled in. Right justified with leading zeros. If license number contains alpha characters, report numeric portion only. Leave Blank for File Type ED. |
| 1 | 674 | 674 | IP Only | State Licensing Board | n/a | State Licensing Board Codes:<br><br>1 = Medical Examiners<br>2 = Dental Examiners<br>3 = Podiatry Examiners<br>4 = Osteopathic Examiners<br>5 = Nursing<br>9 = Other | Must be filled in for File Type IP. Leave Blank for File Type ED. |
| 22 | 675 | 696 | IP Only | Operating or Other Physician Name | 83 | Primary procedure physician's OR other practitioner's name. Last name one space first name one space and middle initial. Hyphenated names are acceptable. | Must be filled in for File Type IP if a Procedure was done. No commas or other punctuation. Left justified. Leave Blank if no Procedure was done. Leave Blank for File Type ED. |

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|---|---|---|---|---|---|---|---|
| 6 | 697 | 702 | IP Only | Operating or Other Physician State License Number | 83 | Physician OR other practitioner's Arizona License Number who performed the primary procedure. | Must be entered for File Type IP if a Procedure was done. All digits must be filled in. Right justified with leading zeros. If individual is a nurse, use the RN license number, not the advanced practice number. If license number contains alpha characters, report numeric portion only. Leave Blank if no Procedure was done. Leave Blank for File Type ED. |
| 1 | 703 | 703 | IP Only | State Licensing Board | n/a | State Licensing Board Codes:<br>1 = Medical Examiners<br>2 = Dental Examiners<br>3 = Podiatry Examiners<br>4 = Osteopathic Examiners<br>5 = Nursing<br>6 = Naturopathic Examiners<br>9 = Other | Must be entered for File Type IP if a Procedure was done. Leave Blank if no Procedure was done. Leave Blank for File Type ED. |
| 1 | 704 | 704 | IP Only | Type of Admission | 19 | Indicates the priority (type) of admission:<br>1 = Emergency<br>2 = Urgent<br>3 = Elective<br>4 = Newborn **<br>5 = Trauma<br>9 = Information not available | Must be filled in for File Type IP. If 4 (Newborn), see SOURCE OF ADMISSION below. Leave Blank for File Type ED.<br><br>** NOTE: "newborn" is defined as "a baby born within the facility or the initial admission of an infant to any acute care facility within 24 hours of birth." |
| 1 | 705 | 705 | IP Only | Source of Admission | 20 | Indicates the source of admission - adults and pediatrics:<br>1 = Physician referral<br>2 = Clinic referral<br>3 = HMO/AHCCCS health plan referral<br>4 = Transfer from a hospital<br>5 = Transfer from SNF.<br>6 = Transfer from another health care facility (other than acute care or SNF)<br>7 = Emergency room<br>8 = Court/Law Enforcement<br>9 = Information not available<br><br>NOTE: IF TYPE OF ADMISSION = Newborn (4), use:<br>1 = Normal Delivery<br>2 = Premature Delivery | Must be entered for File Type IP. Leave Blank for File Type ED. |

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|---|---|---|---|---|---|---|---|
| | | | | | | 3 = Sick baby | |
| | | | | | | 4 = Extramural birth | |
| | | | | | | 9 = Information not available | |
| 6 | 706 | 711 | IP-ED | Principal Diagnosis Code | 67 | Enter the ICD-9-CM code describing the condition chiefly responsible for causing this encounter. | Must be filled in for all File Types. Include letter V code if applicable. DO NOT place E-Codes in this field. EXCLUDE DECIMAL POINTS. (Note: IF Principle Diagnosis Code is 800.0 through 999.9, see EXTERNAL CAUSE OF INJURY below.) |
| 6 | 712 | 717 | IP-ED | Second Diagnosis Code | 68 | Enter the ICD-9-CM code describing additional conditions. | Leave blank if not applicable. Otherwise, must be filled in for all File Types. Include letter V code if applicable. DO NOT place E-Codes in this field. EXCLUDE DECIMAL POINTS. |
| 6 | 718 | 723 | IP-ED | Third Diagnosis Code | 69 | Same as the Second diagnosis code. | Same as the instructions for the second diagnosis code. |
| 6 | 724 | 729 | IP-ED | Fourth Diagnosis Code | 70 | Same as the Second diagnosis code. | Same as the instructions for the second diagnosis code. |
| 6 | 730 | 735 | IP-ED | Fifth Diagnosis Code | 71 | Same as the Second diagnosis code. | Same as the instructions for the second diagnosis code. |
| 6 | 736 | 741 | IP-ED | Sixth Diagnosis Code | 72 | Same as the Second diagnosis code. | Same as the instructions for the second diagnosis code. |
| 6 | 742 | 747 | IP-ED | Seventh Diagnosis Code | 73 | Same as the Second diagnosis code. | Same as the instructions for the second diagnosis code. |
| 6 | 748 | 753 | IP-ED | Eighth Diagnosis Code | 74 | Same as the Second diagnosis code. | Same as the instructions for the second diagnosis code. |
| 6 | 754 | 759 | IP-ED | Ninth Diagnosis Code | 75 | Same as the Second diagnosis code. | Same as the instructions for the second diagnosis code. |
| 6 | 760 | 765 | IP-ED | External Cause of injury | 77 | Enter the ICD-9-CM E-Code describing the external cause of injury. | IF the PRINCIPLE DIAGNOSIS CODE (above) equals 800.0 through 995.89 or 996 through 999.9, THEN an E-Code should be entered in this EXTERNAL CAUSE OF INJURY Field. The External Cause of Injury E-Code ranges are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. When there are multiple E-Codes in the record, the E-Code associated with the PRINCIPLE DIAGNOSIS CODE should be entered here. NOTE: An E-Code is to be reported only for the first hospitalization or visit during which the injury, poisoning and/or adverse effect was diagnosed or treated. SEE ALSO: The ADDITIONAL EXTERNAL CAUSE OF INJURY 1, 2 and 3 Fields below. |
| 6 | 766 | 771 | IP-ED | Place of Injury | n/a | Enter the ICD-9-CM E-Code describing the Place where the Injury or Poisoning occurred. | For Place of Injury Code Only. The Place of Injury Code Range is E849.0 through E849.9. Must be entered for all File Types. Include the letter E. EXCLUDE DECIMAL POINTS. Leave blank if no EXTERNAL CAUSE OF INJURY. |
| 8 | 772 | 779 | IP-ED | Principal Procedure Date | 80 | Enter the month, day and year of the patient's Principal Procedure without dashes. MMDDYYYY | If Procedure was done for this patient, must be entered for all File Types. All digits must be filled in (no dashes). If no Procedure was done, leave blank, do not zero fill. |

| Number of Characters | Start | End | Required For File Type | Data Element Name | Uniform Billing Locator Number | CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE | EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED |
|---|---|---|---|---|---|---|---|
| 5 | 780 | 784 | IP-OP-ED (Note: See Codes and Values) | Principal Procedure Code | 80 | Enter the ICD-9-CM code that identifies the principal procedure performed. **NOTE:** For File Type ED**,** IF the ICD-9-CM code is NOT available, THEN enter the CPT4 Code or HCPCS Code. | If Procedure was done for this patient, must be entered for all File Types. Leave blank if not applicable. EXCLUDE DECIMAL POINTS. |
| 5 | 785 | 789 | IP-OP-ED (Note: See Codes and Values) | Second Procedure Code | 81A | Enter the ICD-9-CM code that identifies the principal procedure performed. **NOTE:** For File Type ED, IF the ICD-9-CM code is NOT available, THEN enter the CPT4 Code or HCPCS Code. | Leave blank if not applicable. Otherwise, must be entered for all File Types. EXCLUDE DECIMAL POINTS. |
| 5 | 790 | 794 | IP-ED | Third Procedure Code | 81B | Same as Second procedure code. | Same as instructions for the Second procedure code. |
| 5 | 795 | 799 | IP-ED | Fourth Procedure Code | 81C | Same as Second procedure code. | Same as instructions for the Second procedure code. |
| 5 | 800 | 804 | IP-ED | Fifth Procedure Code | 81D | Same as Second procedure code. | Same as instructions for the Second procedure code. |
| 5 | 805 | 809 | IP-ED | Sixth Procedure Code | 81E | Same as Second procedure code. | Same as instructions for the Second procedure code. |
| 4 | 810 | 813 | IP Only | Newborn Birth Weight | n/a | Birth weight in grams. | Must be entered for all newborns. See TYPE OF ADMISSION and SOURCE OF ADMISSION fields above. Right justify and leave unused spaces blank. Leave Blank for File Type ED. |
| 1 | 814 | 814 | IP Only | Do Not Resuscitate Flag | n/a | 1 = yes<br>2 = no<br>9 = not recorded | Must be entered for File Type IP. Leave Blank for File Type ED. |
| 30 | 815 | 844 | IP Only | Patient Name | 12 | Last name one space first name one space and middle initial.  Hyphenated names are acceptable. | Must be entered for File Type IP. No commas or other punctuation. Leave Blank for File Type ED. |
| 5 | 845 | 849 | *Optional for File Types IP-ED | Additional External Cause Of Injury 1 | n/a | Alpha-numeric | IF there is an E-code in the patient record that WAS NOT placed in the External Cause of Injury field above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. Fill with blanks if not used. |
| 5 | 850 | 854 | *Optional for File Types IP-ED | Additional External Cause Of Injury 2 | n/a | Alpha-numeric | IF there is an E-code in the patient record that WAS NOT placed in the External Cause of Injury, or the Additional Cause of Injury 1 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. Fill with blanks if not used. |

| Number of Characters | Start | End | Required For File Type | Data Element Name | Uniform Billing Locator Number | CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE | EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED |
|---|---|---|---|---|---|---|---|
| 5 | 855 | 859 | *Optional for File Types IP-ED | Additional External Cause Of Injury 3 | n/a | Alpha-numeric | IF there is an E-code in the patient record that WAS NOT placed in the External Cause of Injury, Additional Cause of Injury 1, or Additional Cause of Injury 2 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. Fill with blanks if not used. |
| 1 | 860 | 860 | IP-ED | Type of Record | n/a | 1 = Hospital Inpatient<br>3 = Hospital Emergency Department | Must be entered for all File Types. |
| 20 | 861 | 880 | *Optional for File Types IP-ED | Record ID | n/a | Alpha-numeric, special characters acceptable | Use of this field is VOLUNTARY.  The purpose of this field is provide a location within each record for each hospital to place a unique identification number to facilitate record retrieval.  This number is sometimes called the patient encounter number or patient account number.  By providing this number in the records reported, this number will then be present in any error lists generated by the state, enabling easier record retrieval should corrections or review be necessary.  If you do not use this field, then submit the original 860 character length record. |

| Number of Characters | Start | End | Required For File Type | Data Element Name | Uniform Billing Locator Number | CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE | EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED |
|---|---|---|---|---|---|---|---|

**ARIZONA HOSPITAL DISCHARGE DATA SUBMISSION FILE NAMING CONVENTION: [Facility ID]_[File Type]_[Reporting Period]**
**EXAMPLE: MED1234_IP_2004-01**
**This example tells us that the submission file is from Facility MED1234 and that it is an Inpatient File for the First Half (Jan-June) of 2004**

**The list of Facility ID's for each Arizona Hospital is available on our website listed below.**

**Hospital Discharge Data File Types: Hospital Inpatient (IP), Hospital Emergency Department (ED)**
**NOTE: EACH FILE TYPE MUST BE SUBMITTED AS A SEPARATE FILE - SEE FILE NAMING CONVENTION ABOVE**
**Fixed Length Record of 860 characters FOR ALL FILE TYPES, with OPTIONAL 880 character length record if using Record_ID field.**
**FORMAT: ASCII TEXT - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE.**
Data Reporting Requirements Pursuant to Arizona Revised Statues (A.R.S.) § 36-125.05 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 11, Articles 4 & 5
Medium: Compact Disk (CD) or Diskette, or zipped, encrypted and password protected e-mail attachment

**Check website for Updates at: www.azdhs.gov/plan/crr/index.htm**